

Gaming Commission Application

Appointed by White Earth Reservation Business Committee



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth _____ Alias _____

Are you an enrolled member of White Earth ? YES NO Enrollment Number _____

Any member of your household currently key licensed for Gaming ? YES NO If yes, whom ? _____

Are you currently employed or have any ownership interest in any entity that has gaming in its establishment? YES NO If yes, where? _____

Education

Special Experience , Interests, or Qualifications related to the Gaming Commission position

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please complete and submit Page 2 (Release of Information form) with your application



White Earth Compliance Division
Compliance Adjudication Department
P.O. Box 395
Mahnomen, MN 56557
Phone: (218)935-2148
Fax: 218-935-5087

**** PLEASE PRINT CLEARLY ****

Gaming Commissioner Release of Information

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias or Former (please print): _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Sex (please circle): **MALE** **FEMALE**

Home Address: _____ City: _____ Zip: _____

Driver's License #: _____ State Issued: _____ Exp. Date: _____

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office Use Only:

DEPARTMENT: _____ BILL TO: _____

POSITION: _____ ACTION: _____

REPORTS REQUESTED: STATE MVR Please list the STATE(S) you are requesting to be ran: _____

DATE REQUESTED: _____ AUTHORIZING SIGNATURE: _____

DATE SCANNED TO COMPLIANCE: _____ (PLEASE CIRCLE) SAFETY SENSITIVE NON SAFETY